NONPROVISIONAL PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

OLIFF & BERRIDGE, PLC Attorney Docket No.: 114975 P.O. Box 19928 Alexandria, Virginia 22320 Date: December 5, 2003 Telephone: (703) 836-6400 Facsimile: (703) 836-2787 MAIL STOP PATENT APPLICATION Customer Number: 25944 NONPROVISIONAL APPLICATION TRANSMITTAL **RULE §1.53(b)** Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 Sir: Transmitted herewith for filing under 37 C.F.R. §1.53(b) is the nonprovisional patent application **ELECTROSURGICAL METHOD AND APPARATUS** For (Title): Francis AMOAH By (Inventors): Formal drawings (Figs. 1-5; 3 sheets) are attached. \boxtimes Use Figure for front page of Publication. A Declaration and Power of Attorney is filed herewith. This application claims benefit of Provisional Application No. 60/445,455 filed February 7, 2003. (A Preliminary Amendment is attached to reflect this claim in the Specification if not already present.) This patent application is assigned to GYRUS MEDICAL LIMITED. The executed Assignment is filed herewith. An Information Disclosure Statement is filed herewith. Entitlement to small entity status is hereby asserted. A Preliminary Amendment is filed herewith. Priority of foreign application No. 0230055.6 filed December 23, 2002 in GREAT BRITAIN is claimed (35 U.S.C. §119). A certified copy of the above corresponding foreign application is filed herewith. This application is NOT to be published under 35 U.S.C. 122(b). The undersigned attorney or agent hereby certifies that the invention disclosed in this application has not and will not be the subject of an application filed in another country, or under a multilateral international agreement, that requires publication of applications 18 months after filing. 冈 The filing fee is calculated below: CLAIMS IN THE APPLICATION AFTER ENTRY OF OTHER THAN A ANY PRELIMINARY AMENDMENT NOTED ABOVE **SMALL ENTITY SMALL ENTITY RATE FEE** <u>OR</u>

FOR:	NO. FILED	NO. EXTRA
BASIC FEE		
TOTAL CLAIMS	12 - 20	= 0
INDEP CLAIMS	2 - 3	= 0
☐ MULTIPLE DEPENDENT CLAIMS PRESENTED		

* If the difference is less than zero, enter "0".

RATE FEE \$ 385 x 9 = \$ x 43 = \$ + 145 = \$ TOTAL \$ g fee is attached. Except a

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	RATE	FEE
		\$ 770
	x 18	\$
	x 86	\$
	+ 290	\$
ľ	TOTAL	\$ 770
erwice noted herein the		

Check No. 148984 in the amount of \$770 to cover the filing fee is attached. Except as otherwise noted herein, the Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

Thomas J. Pardini Registration No. 30,411

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